

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	<i>5/19/99</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>15</i>	<i>3/25/99</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>08231</i>	<i>8-19-99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral) Canceled A Appeal
 - Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/18/99
2	✓	✓	5/18/99
3	✓	✓	5/18/99
4	✓	✓	5/18/99
5	✓	✓	5/18/99
6	✓	✓	5/18/99
7	✓	✓	5/18/99
8	✓	✓	5/18/99
9	✓	✓	5/18/99
10	✓	✓	5/18/99
11	✓	✓	5/18/99
12	✓	✓	5/18/99
13	✓	✓	5/18/99
14	✓	✓	5/18/99
15	✓	✓	5/18/99
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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